

03-1344

Officer Involved Shooting
Keep for 25 years

☐ PERMANENT

PURGE YEAR

☐ AFS
☐ ENTRY
☐ REMOVED

☐ MUPS
☐ ENTRY
☐ REMOVED
(YEAR + 2)

☐ ROS
☐ ENTRY
☐ EXPIRED
(PENDING CASES?)

☐ SVS
☐ ENTRY
☐ REMOVED
(VEHICLES - YEAR + 4)
(PLATES - YEAR + 2)

REPORT PROCESSING	ARREST REPORT	REPORT CLASSIFICATION
COPIES NEEDED <input checked="" type="checkbox"/> DATA ENTRY COPY <input checked="" type="checkbox"/> DETECTIVE <input type="checkbox"/> BRIEFING <input type="checkbox"/> CHIEF OF POLICE <input type="checkbox"/> D.O.J.	<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE <input type="checkbox"/> ADULT - COURT PACKAGE <input type="checkbox"/> D.A./DEFENSE COPIES <input type="checkbox"/> DISPOSITION <input type="checkbox"/> TELETYPES <input type="checkbox"/> RAPS - 3 <input type="checkbox"/> DMV - 3 <input type="checkbox"/> OCAJS (OCJ INFO) -- 2 <input type="checkbox"/> JUVIE - COURT PACKAGE <input type="checkbox"/> D.A./DEFENSE COPIES <input type="checkbox"/> PETITION <input type="checkbox"/> TELETYPES <input type="checkbox"/> JUVIE RAPS (OCJO) -- 3 <input type="checkbox"/> ADULT RAPS - 3 <input type="checkbox"/> DMV - 3 <input type="checkbox"/> CJI (O.C. JUVIE RAP) <input type="checkbox"/> SEE REMARKS	INCIDENT RPT LASO <input type="checkbox"/> TRAFFIC REVIEW <input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> COMPLAINT FILED <input type="checkbox"/> H & R - REFER TO DET <input type="checkbox"/> CHP <input type="checkbox"/> SEE REMARKS T/C CODE PCF CODE PARTY: CHARGE: PARTY: CHARGE:
CLETS <input type="checkbox"/> ENTER <input type="checkbox"/> CANCEL/LOCATE <input type="checkbox"/> STORED VEHICLE (SVS) <input type="checkbox"/> STOLEN VEHICLE (SVS) <input type="checkbox"/> LICENSE PLATES (SVS) <input type="checkbox"/> COURT ORDER (ROS) <input type="checkbox"/> FIREARMS (AFS) <input type="checkbox"/> PROPERTY (APS) <input type="checkbox"/> MISSING PERSON (MUPS) <input type="checkbox"/> OTHER		
STORED VEHICLE NOTICE(S) <input type="checkbox"/> R/O <input type="checkbox"/> L/O <input type="checkbox"/> SVRA COMPLETED <input type="checkbox"/> 30 DAY IMPOUND RELEASE AFTER:		

APPROVED BY (W/C)

PROCESSED BY / DATE
10/16

RECORDS SUPERVISOR

REVIEWED BY (W/C)

UCR CODING

UCR 270000 UCR UCR UCR
UCR 421200 UCR UCR UCR
(ACD)

RECORDS PROCESSING / REMARKS

☐ VEHICLE RELEASED - BY / DATE
☐ STIPULATED VEHICLE RELEASE (30 DAY IMPOUND) - ORIGINAL TO DMV & COPY TO FILE
☐ DUI REPORTS TO DMV
☐ 'CAR' REPORT FAXED - BY / DATE
☐ EPO FAXED TO DV UNIT
☐ REPORT FAXED TO OCJH INTAKE (IN-CUSTODY)
☒ OTHER (INDICATE):
COPY FAXED TO LASO HOMICIDE

COPIES OF REPORT RELEASED TO

DATE	DATE	DATE	DATE
AGY	AGY	AGY	AGY
TO	TO	TO	TO
BY	BY	BY	BY



LOS ALAMITOS POLICE DEPARTMENT
3201 KATELLA AVE., LOS ALAMITOS, CA 90720
(562) 431-2255 EXT. 402 BUSINESS (562) 431-6499 FAX
(562) 594-7232 24 HOUR POLICE SERVICES

INVESTIGATIONS CASE STATUS REPORT

CASE NUMBER

03-1344

ADDITIONAL REPORTS

CASE CLASSIFICATION

INCIDENT RPT

COMPLETED BY

SAYLES

DATE

10/4/03

☐ FORWARD TO INVESTIGATIONS
(OPEN CASES)

☐ CASE CLOSED -- ARREST (☐ ADULT ☐ JUVIE) (☐ SINGLE ☐ MULTIPLE)
(INCLUDES CASES SENT TO D.A. FOR REVIEW & FIELD CITE RELEASES)

☒ CASE CLOSED -- NO FURTHER ACTION REQUIRED
(STORED/IMPOUNDED VEHICLES, 5150'S, INCIDENT RPTS, FOUND PROPERTY, ETC.)

☐ CASE CLOSED -- UNFOUNDED

☐ OTHER (INCLUDES CANCELLED DR'S, COURT ORDERS, ETC.):

NOTE: RE: LASD ~~99~~ OIS

INVESTIGATIONS USE ONLY

DETECTIVE ASSIGNED

CASE PRIORITY

DATE ASSIGNED

DATE DUE

☐ FOLLOW-UP LETTER SENT TO VICTIM

DATE / TIME:

☐ PERSONAL CONTACT WITH VICTIM

DATE / TIME:

☐ TELETYPE SENT

DATE / TIME:

CASE STATUS

DATE OF STATUS 10-05-03

☐ CLOSED -- NO FURTHER ACTION REQUIRED

☐ CASE CLOSED -- ARREST (☐ ADULT ☐ JUVIE) (☐ SINGLE ☐ MULTIPLE)

☐ CLOSED -- EXCEPTIONAL

☐ CLOSED -- UNFOUNDED

☐ OPEN -- SUSPENDED

NOTES:

DETECTIVE / ID #

DATE

REVIEWED BY / ID #

DATE

B. [signature] #119

10-05-03



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CRIME / INCIDENT REPORT (PAGE 1 OF 2)

CASE NUMBER

03-1344

ADDITIONAL REPORTS

LASO# 003-25473-1351-055

CASE STATUS: ☐ ACTIVE ☐ CLOSED ☐ COURTESY ☐ SUSPENDED

WHEN REPORTED DATE 10-03-03 TIME 0732

INCIDENT / CRIME L.A.S.O. Officer Involved Shooting		CLASSIFICATION	
SPECIFIC LOCATION OF OCCURRENCE Brittain / Nowalk Blvd.		DAY Friday	DATE 10-03-03
LOCATION NAME		TIME 0732	
OCCURRED ON / OR BETWEEN		DAY	DATE
ADDITIONAL INFORMATION: <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> NO PROSECUTION DESIRED <input checked="" type="checkbox"/> PROPERTY REPORT		<input type="checkbox"/> GRAFFITI <input type="checkbox"/> CONFIDENTIAL / SEX CRIME <input type="checkbox"/> OFFICER ASSAULTED <input type="checkbox"/> ELDERLY ABUSE <input type="checkbox"/> CITY PROPERTY INVOLVED <input type="checkbox"/> FORCE/PURSUIT <input type="checkbox"/> OTHER:	

O - OTHER		RP - REPORTING PARTY		V - VICTIM		W - WITNESS	
CODE	NAME (LAST, FIRST, MIDDLE)					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> WHT <input type="checkbox"/> HISP <input type="checkbox"/> BLK <input type="checkbox"/> OTH
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP)				RESIDENCE PHONE (INCL A/C)		DOB	
BUSINESS NAME & ADDRESS (STREET, CITY, STATE, ZIP)				BUSINESS PHONE (INCL AC)		OCCUPATION	
CODE	NAME (LAST, FIRST, MIDDLE)					<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> WHT <input type="checkbox"/> HISP <input type="checkbox"/> BLK <input type="checkbox"/> OTH
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP)				RESIDENCE PHONE (INCL A/C)		DOB	
BUSINESS NAME & ADDRESS (STREET, CITY, STATE, ZIP)				BUSINESS PHONE (INCL AC)		OCCUPATION	
VEHICLE	LICENSE PLATE	STATE	YEAR	MAKE	MODEL	COLOR(S)	
	BODY STYLE: <input type="checkbox"/> UNK <input type="checkbox"/> 2DR <input type="checkbox"/> 4DR <input type="checkbox"/> CNV <input type="checkbox"/> P/U <input type="checkbox"/> TRK <input type="checkbox"/> VAN <input type="checkbox"/> S/W <input type="checkbox"/> RV <input type="checkbox"/> MC <input type="checkbox"/> SUV <input type="checkbox"/> OTHER						
	REGISTER OWNER (LAST, FIRST, MIDDLE)						
	<input type="checkbox"/> R/O (LISTED ABOVE) ADDRESS (STREET, CITY, STATE, ZIP)						

BICYCLE	*FRAME / SERIAL #		*BRAND (MAKE)	MODEL	COLOR(S)	LICENSE #
	SPECIAL EQUIPMENT					
	IDENTIFYING MARKS					
	*SEX <input type="checkbox"/> UNK <input type="checkbox"/> BOYS <input type="checkbox"/> GIRLS	*SPEED <input type="checkbox"/> 1 <input type="checkbox"/> 18 <input type="checkbox"/> 10 <input type="checkbox"/> 24 <input type="checkbox"/> OTH	TYPE <input type="checkbox"/> MOUNTAIN <input type="checkbox"/> BEACH CRUISER <input type="checkbox"/> OTH	<input type="checkbox"/> BMX <input type="checkbox"/> RACING	WHEEL / FRAME SIZE <input type="checkbox"/> 20" <input type="checkbox"/> 26" <input type="checkbox"/> 24" <input type="checkbox"/> 27" <input type="checkbox"/> OTH	ADDITIONAL INFORMATION

DOCUMENT INFO (COMPLETE PAGE 2)	NSF (\$1,501.00 AND OVER)	RETURN TO MAKER	SIGNATURE IRREGULAR	ACCOUNT CLOSED	UNABLE TO LOCATE	FORGED	STOLEN	FICTITIOUS PRINT	RAISED	PERSONAL	PAYROLL	MONEY ORDER	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	CAN VICT IDENTIFY SUSP?	CAN VICT IDENTIFY CHECK?	IS PROSEC. DESIRED?	WAS CHECK POSTDATED?	WAS CHECK PREDATED?	AGREEMENT TO HOLD?	ANY PAYMENT RECEIVED?						
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO						
	TYPE OF PREMISES		TYPE OF PROPERTY OBTAINED (DESCRIBE)										
	AMOUNT OF LOSS		AMT. OF CASH RECEIVED		I.D. USED TO PASS CHECK (INCLUDE #S): <input type="checkbox"/> CDL <input type="checkbox"/> ID CARD <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> OTHER								
NAME OF ENDORSER (LAST, FIRST, MIDDLE)						WAS DOCUMENT WRITTEN IN YOUR PRESENCE?			WAS DOCUMENT ENDORSED IN YOUR PRESENCE?				
<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO				
SPECIFY WHAT PARTS, IF ANY						TRADEMARKS OF SUSPECT(S) (ACTS, CONVERSATION, ETC.)							

SYNOPSIS	Incident report regarding L.A.S.O. Officer Involved Shooting.			
REPORTING OFFICER / ID # T. Raso #137		DATE 10-03-03	REVIEWED BY / ID # SAYLES 113	DATE 10/1/03

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CASE NUMBER

03-1344

ADDITIONAL REPORTS

LASO# 003-25473-1351-055

CRIME / INCIDENT REPORT (PAGE 2 OF 2)

CASE FACTORS - Q01		EVIDENCE - Q02	
<input type="checkbox"/> 1. THERE IS A WIT TO THE CRIME	<input type="checkbox"/> 9. THERE IS A SIGNIFICANT M.O.	<input type="checkbox"/> 0. NONE	<input checked="" type="checkbox"/> 15. OTHER (DESCRIBE)
<input type="checkbox"/> 2. SUSP WAS ARRESTED	<input type="checkbox"/> 10. SIGNIFICANT PHYS. EVID. PRES	<input type="checkbox"/> 1. FINGERPRINTS	<u>Original audio tape</u>
<input type="checkbox"/> 3. SUSP WAS NAMED	<input type="checkbox"/> 11. MAJOR INJ/SEX CRIME INVOLVED	<input type="checkbox"/> 2. TOOLS	<u>given to LASO.</u>
<input type="checkbox"/> 4. SUSP CAN BE LOCATED	<input type="checkbox"/> 12. GOOD POSS OF SOLUTION	<input type="checkbox"/> 3. TOOL MARKINGS	<u>Copy into evidence</u>
<input type="checkbox"/> 5. SUSP CAN BE DESCRIBED	<input type="checkbox"/> 13. FURTHER INVEST IS NEEDED	<input type="checkbox"/> 4. GLASS	
<input type="checkbox"/> 6. SUSP CAN BE IDENTIFIED	<input type="checkbox"/> 14. GANG RELATED	<input type="checkbox"/> 5. PAINT	
<input type="checkbox"/> 7. SUSP VEH CAN BE IDENT	<input type="checkbox"/> 15. HATE CRIME	<input type="checkbox"/> 6. BULLET CASING	
<input type="checkbox"/> 8. THERE IS IDENTIF STLN PROP		<input type="checkbox"/> 7. PROJECTILE	
<input type="checkbox"/> 8. RAPE KIT		<input type="checkbox"/> 9. SEMEN	
		<input type="checkbox"/> 10. BLOOD	
		<input type="checkbox"/> 11. URINE	
		<input type="checkbox"/> 12. HAIR	
		<input type="checkbox"/> 13. FIREARMS	
		<input type="checkbox"/> 14. PHOTOGRAPHS	
		<input type="checkbox"/> 16. OCID RESPONDED	

PREMISES - Q03	POINT OF ENTRY - Q04	PROPERTY TAKEN - Q07	SUSPECT ACTIONS - Q10	SUSP PRETENDED TO BE - Q11
BUSINESS <input type="checkbox"/> 1 FINANCIAL INSTUTION <input type="checkbox"/> 2 BAR <input type="checkbox"/> 3 CLEANERS/LAUNDRY <input type="checkbox"/> 4 CONSTRUCTION SITE <input type="checkbox"/> 5 BAR/RESTAURANT <input type="checkbox"/> 6 FAST FOOD <input type="checkbox"/> 7 GAS STATION <input type="checkbox"/> 8 HOTEL/MOTEL <input type="checkbox"/> 9 DEPT/DISC STORE <input type="checkbox"/> 10 DRUG STORE <input type="checkbox"/> 11 GUN/SPORT STORE <input type="checkbox"/> 12 JEWELRY STORE <input type="checkbox"/> 13 LIQUOR STORE <input type="checkbox"/> 14 PHOTO STAND <input type="checkbox"/> 15 CONVEN STORE <input type="checkbox"/> 16 RESTAURANT <input type="checkbox"/> 17 SUPERMARKET <input type="checkbox"/> 18 TV/RADIO <input type="checkbox"/> 19 AUTO PARTS <input type="checkbox"/> 20 BICYCLE SALES <input type="checkbox"/> 21 CAR/MC SALES <input type="checkbox"/> 22 CLOTHING STORE <input type="checkbox"/> 23 HARDWARE <input type="checkbox"/> 24 MEDICAL <input type="checkbox"/> 25 OFFICE BUILDING <input type="checkbox"/> 26 RENTAL/STORAGE <input type="checkbox"/> 27 WAREHOUSE <input checked="" type="checkbox"/> 28 OTHER RESIDENCE <input type="checkbox"/> 29 APARTMENT <input type="checkbox"/> 30 CONDOMINIUM <input type="checkbox"/> 31 DUP/FOURPLEX <input type="checkbox"/> 32 GARAGE ATTACHED <input type="checkbox"/> 33 GARAGE DETACHED <input type="checkbox"/> 34 HOUSE <input type="checkbox"/> 35 MOBILE HOME <input type="checkbox"/> 36 OTHER PUBLIC <input type="checkbox"/> 37 CHURCH <input type="checkbox"/> 38 HOSPITAL <input type="checkbox"/> 39 PARK/PLAYGRND <input type="checkbox"/> 40 PARKING LOT <input type="checkbox"/> 41 PUBLIC BLDG <input type="checkbox"/> 42 SCHOOL <input type="checkbox"/> 43 SHOPPING MALL <input type="checkbox"/> 44 STR/HWY/ALLEY <input type="checkbox"/> 45 OTHER VEHICLES <input type="checkbox"/> 46 CAMPER <input type="checkbox"/> 47 MOTOR HOME <input type="checkbox"/> 48 PASSENGER CAR <input type="checkbox"/> 49 PICK-UP <input type="checkbox"/> 50 TRUCK <input type="checkbox"/> 51 TRAILER <input type="checkbox"/> 52 VAN <input type="checkbox"/> 53 OTHER	<input checked="" type="checkbox"/> 0 UNK / N/A <input type="checkbox"/> 1 FRONT <input type="checkbox"/> 2 REAR <input type="checkbox"/> 3 SIDE <input type="checkbox"/> 4 DOOR <input type="checkbox"/> 5 WINDOW <input type="checkbox"/> 6 SLIDING GLASS DOOR <input type="checkbox"/> 7 BASEMENT <input type="checkbox"/> 8 ROOF <input type="checkbox"/> 9 FLOOR <input type="checkbox"/> 10 WALL <input type="checkbox"/> 11 DUCT/VENT <input type="checkbox"/> 12 GARAGE <input type="checkbox"/> 13 ADJ. BUILDING <input type="checkbox"/> 14 GROUND LEVEL <input type="checkbox"/> 15 UPPER LEVEL <input type="checkbox"/> 16 OTHER ENTRY METHOD - Q05 <input checked="" type="checkbox"/> 0 UNK / N/A <input type="checkbox"/> 1 NO FORCE USED <input type="checkbox"/> 2 ATTEMPT ONLY <input type="checkbox"/> 3 BODILY FORCE <input type="checkbox"/> 4 BOLT CUT PLIERS <input type="checkbox"/> 5 CHANNEL LOCK/ VICE GRIPS <input type="checkbox"/> 6 SAW/DRILL/BURN <input type="checkbox"/> 7 SCREWDRIVER <input type="checkbox"/> 8 TIRE IRON <input type="checkbox"/> 9 UNK. PRY BAR <input type="checkbox"/> 10 WIRE HANGER <input type="checkbox"/> 11 KEY SLIP/SHIM <input type="checkbox"/> 12 PUNCH <input type="checkbox"/> 13 REMOVE LOUVERS <input type="checkbox"/> 14 WINDOW SMASH <input type="checkbox"/> 15 BRICK/ROCK <input type="checkbox"/> 16 HID IN BLDG <input type="checkbox"/> 17 OTHER VEHICLE ENTRY - Q06 <input checked="" type="checkbox"/> 0 UNK / N/A <input type="checkbox"/> 1 DOOR/LOCK FORCED <input type="checkbox"/> 2 TRUNK FORCED <input type="checkbox"/> 3 WINDOW BROKEN <input type="checkbox"/> 4 WINDOW FORCED <input type="checkbox"/> 5 WINDOW OPEN <input type="checkbox"/> 6 UNLOCKED <input type="checkbox"/> 7 OTHER	<input checked="" type="checkbox"/> 1 UNK / N/A <input type="checkbox"/> 2 CASH/NOTES <input type="checkbox"/> 3 CLOTHES/FUR <input type="checkbox"/> 4 CONSUMABLE GOODS <input type="checkbox"/> 5 FIREARMS <input type="checkbox"/> 6 HOUSEHOLD GOODS <input type="checkbox"/> 7 JEWELRY/METALS <input type="checkbox"/> 8 LIVESTOCK <input type="checkbox"/> 9 OFFICE EQUIP <input type="checkbox"/> 10 TV/RADIO/CAMERA <input type="checkbox"/> 11 OTHER SEX CRIMES ONLY - Q08 <input type="checkbox"/> 1 SUSP CLIMAXED <input type="checkbox"/> 2 UNK/CLIMAXED <input type="checkbox"/> 3 VICT BOUND/TIED <input type="checkbox"/> 4 VICT INJURED <input type="checkbox"/> 5 SUSP COVERED VICT FACE <input type="checkbox"/> 6 PHOTO'D VICT <input type="checkbox"/> 7 VICT ORALLY COPULATED SUSP <input type="checkbox"/> 8 SUSP ORALLY COPULATED VICT <input type="checkbox"/> 9 RAPE BY INSTRUMENT <input type="checkbox"/> 10 SODOMY <input type="checkbox"/> 11 SUGGESTED VICT PERFORM LEWD / PERVERTED ACT <input type="checkbox"/> 12 INSERTED FINGER INTO VAGINA <input type="checkbox"/> 13 FORCED VICT TO FONDLE SUSP <input type="checkbox"/> 14 SUSP FONDLED VICT <input type="checkbox"/> 15 MASTURBATED SELF <input type="checkbox"/> 16 OTHER BURGLARY ONLY - Q09 MEMBER OF N W ? <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO MEMBER OF IDENTIF? <input type="checkbox"/> 3 YES <input type="checkbox"/> 4 NO INTERESTED IN N W ? <input type="checkbox"/> 5 YES <input type="checkbox"/> 6 NO HAD HOME/BUSINESS INSPECT? <input type="checkbox"/> 7 YES <input type="checkbox"/> 8 NO WHEN? _____	<input type="checkbox"/> 1 ALARM DISABLED <input type="checkbox"/> 2 ARSON <input type="checkbox"/> 3 ATE/DRANK ON PREMISES <input type="checkbox"/> 4 BLINDFOLD/BIND/GAG VICT <input type="checkbox"/> 5 CAT BURGLAR <input type="checkbox"/> 6 DEFECATE/URINATE <input type="checkbox"/> 7 DEMAND MONEY <input type="checkbox"/> 8 DISROBED VICT-FULL <input type="checkbox"/> 9 DISROBED VICT-PART <input type="checkbox"/> 10 FIRED WEAPON <input type="checkbox"/> 11 FORCED VICT MOVE <input type="checkbox"/> 12 FORCED VICT IN VEH <input type="checkbox"/> 13 HAD BEEN DRINKING <input type="checkbox"/> 14 INDICATION OF MULTI SUSP <input type="checkbox"/> 15 INFLICTED INJURY <input type="checkbox"/> 16 KNEW LOC OF HIDDEN CASH <input type="checkbox"/> 17 MADE THREATS <input type="checkbox"/> 18 PLACED PROP IN SACK/POCKET <input type="checkbox"/> 19 PREPARED EXIT <input type="checkbox"/> 20 RANSACKED <input type="checkbox"/> 21 RIP/CUT CLOTHING <input type="checkbox"/> 22 SELECTIVE-LOOT <input type="checkbox"/> 23 SHUT OFF POWER <input type="checkbox"/> 24 SMOKED ON SCENE <input type="checkbox"/> 25 SEARCHED VICT <input type="checkbox"/> 26 STRUCK VICT <input type="checkbox"/> 27 SUSP ARMED <input type="checkbox"/> 28 RETALIATION THREAT <input type="checkbox"/> 29 TOOK CONSUMABLES ONLY <input type="checkbox"/> 30 TOOK VICT VEH <input type="checkbox"/> 31 TORTURED <input type="checkbox"/> 32 UNDER INFL-DRUGS <input type="checkbox"/> 33 USED DEMAND NOTE <input type="checkbox"/> 34 USED LOOKOUT <input type="checkbox"/> 35 USED DRIVER <input type="checkbox"/> 36 USED MATCH/CANDLE <input type="checkbox"/> 37 USED VICT NAME <input type="checkbox"/> 38 USED VICT PILLOW CASE/SUITCS <input type="checkbox"/> 39 USED VICT TOOLS <input type="checkbox"/> 40 VEH NEEDED TO REMOVE PROP <input type="checkbox"/> 41 CUT/DISCONNECT TELEPHONE <input type="checkbox"/> 42 CASED LOCATION BEFORE CRIME <input type="checkbox"/> 43 BROUGHT CONTAINER FOR PROPERTY <input type="checkbox"/> 44 OTHER	<input checked="" type="checkbox"/> 0 N/A <input type="checkbox"/> 1 CONDUCT SURVEY <input type="checkbox"/> 2 CUSTOMER/CLIENT <input type="checkbox"/> 3 DELIVERY PERSON <input type="checkbox"/> 4 VEHICLE DISABLED <input type="checkbox"/> 5 DRUNK <input type="checkbox"/> 6 EMPLOYEE/EMPLOYER <input type="checkbox"/> 7 FRIEND/RELATIVE <input type="checkbox"/> 8 ILL/INJURED <input type="checkbox"/> 9 NEED PHONE <input type="checkbox"/> 10 POLICE/LAW <input type="checkbox"/> 11 RENTER <input type="checkbox"/> 12 REPAIRMAN <input type="checkbox"/> 13 SALES OF ILLICIT GOODS <input type="checkbox"/> 14 SALES PERSON <input type="checkbox"/> 15 SEEK ASSISTANCE <input type="checkbox"/> 16 SEEK DIRECTION <input type="checkbox"/> 17 SEEK SOMEONE <input type="checkbox"/> 18 SOLICIT FUNDS <input type="checkbox"/> 19 OTHER PHYSICAL SECURITY - Q12 <input checked="" type="checkbox"/> 0 UNK <input type="checkbox"/> 1 AUDIBLE ALARM <input type="checkbox"/> 2 SILENT ALARM <input type="checkbox"/> 3 PRIVATE SECURITY PATROL <input type="checkbox"/> 4 DOG <input type="checkbox"/> 5 STANDARD LOCKS <input type="checkbox"/> 6 AUX LOCKS (DEADBOLT, ETC) <input type="checkbox"/> 7 WINDOW BARS <input type="checkbox"/> 8 OUTSIDE LIGHT ON <input type="checkbox"/> 9 INSIDE LIGHT ON <input type="checkbox"/> 10 GAR DR LOCKED <input type="checkbox"/> 11 OBSCURED INTERIOR VIEW (BUSINESS) <input type="checkbox"/> 12 SECURITY SIGNS (NW,ALARM,ETC) <input type="checkbox"/> 13 OTHER

VICTIM PROFILE		
PHYSICAL CONDITION - Q13	RELATIONSHIP TO SUSPECT - Q14	MARITAL STATUS - Q15
<input type="checkbox"/> 0 NO IMPAIRMENT <input type="checkbox"/> 1 UNDER INFL ALC/DRUGS <input type="checkbox"/> 2 SICK/INJURED <input type="checkbox"/> 3 SENIOR CITIZEN <input type="checkbox"/> 4 BLIND <input type="checkbox"/> 5 HANDICAPPED <input type="checkbox"/> 6 DEAF <input type="checkbox"/> 7 MUTE <input type="checkbox"/> 8 MENTAL/EMOT IMPAIRED <input checked="" type="checkbox"/> 9 OTHER	<input checked="" type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 1 HUSBAND <input type="checkbox"/> 2 WIFE <input type="checkbox"/> 3 MOTHER <input type="checkbox"/> 4 FATHER <input type="checkbox"/> 5 DAUGHTER <input type="checkbox"/> 6 SON <input type="checkbox"/> 7 BROTHER <input type="checkbox"/> 8 SISTER <input type="checkbox"/> 9 OTHER FAMILY <input type="checkbox"/> 10 ACQUAINTANCE <input type="checkbox"/> 11 FRIEND <input type="checkbox"/> 12 BOYFRIEND <input type="checkbox"/> 13 GIRLFRIEND <input type="checkbox"/> 14 NEIGHBOR <input type="checkbox"/> 15 BUSINESS ASSOC <input type="checkbox"/> 16 STRANGER <input type="checkbox"/> 17 OTHER	<input checked="" type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 1 ANNULLED <input type="checkbox"/> 2 COMMON LAW <input type="checkbox"/> 3 SINGLE <input type="checkbox"/> 4 MARRIED <input type="checkbox"/> 5 DIVORCED <input type="checkbox"/> 6 WIDOW(ER) <input type="checkbox"/> 7 SEPARATED <input type="checkbox"/> 8 OTHER

OFFICER NAME / ID #

T. Raso #137

DATE

10-03-03

REVIEWED BY / ID #

SMTLBS 113

DATE

10/4/03



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CASE NUMBER 03-1344
ARREST NUMBER / RELATED REPORTS L.A.S.O. 003-25473-1351-055

INCIDENT REPORT

- 1 On 10-03-03 at approximately 0732 hours, I was assisting L.A.S.O. Deputies at Brittain and Norwalk Blvd,
2 in the City of Hawaiian Gardens.
3
4 While at the scene, I turned on my personal audio tape recorder and was able to tape record some of the
5 incident. The original audio tape was placed in evidence locker #11 and given to L.A.S.O. Homicide
6 Detective Lillienfeld on 10-4-03 at 1030 hours. Prior to giving Detective Lillienfeld the original tape,
7 Records personnel S. Brown #093, made a copy of the tape. The copy was retained in my possession until I
8 placed it into evidence locker #1.
9
10 On 10-3-03 at 1500 hours, Officer Gibson removed his in car video tape from Police Unit #48-6. He gave
11 me the video tape, which I placed into evidence locker #11. On 10-4-03 at 1030 hours, I removed the video
12 tape from evidence locker #11 and gave it to Detective Lillienfeld.
13
14 For further information regarding this case, see L.A.S.O. case # 003-25473-1351-013.

REPORTING OFFICER / ID # T. Raso #137	DATE 10-04-03	REVIEWED BY / ID # <i>AM/13</i>	DATE <i>10/4/03</i>
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CASE NUMBER

03-1344

ARREST NUMBER / RELATED REPORTS

**LASO#003-25473-
1351-055**

SUPPLEMENTAL REPORT

1 ORIGIN:

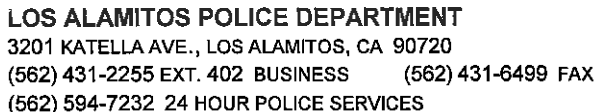
2 On Friday, October 3, 2003, at approximately 0732 hours, Officer T. Raso advised dispatch he was assisting
3 LASO with a report of man with a gun at the intersection of Norwalk Blvd. and Brittan St., in the city of
4 Hawaiian Gardens.

5

6 NARRATIVE:

7 I was dispatched as a cover unit to the area. Approximately thirty seconds after being dispatched, Officer
8 Raso advised dispatch that an officer involved shooting had taken place. I was advised by dispatch to
9 respond code-3, lights and siren. I responded from the intersection of Bloomfield and Ball Rd. I arrived on
10 scene at approximately 0735 hrs. My police car video camera was filming as I arrived and continued
11 filming while at the location. The video tape showed a partial view of the parking lot and store front where
12 the incident took place. The video tape was removed from my police unit number 48-6 at approximately
13 1500 hours and was given to Officer T. Raso who secured it in evidence locker # 11. For further refer to his
14 report.

REPORTING OFFICER / ID #	DATE	REVIEWED BY / ID #	DATE
J. Gibson 149	10/03/03	<i>SALES 103</i>	<i>10/4/03</i>



LA 50 Office Involved
Shooting

ARRESTED ☒ YES ☐ NO
LAB ANALYSIS ☐ YES ☒ NO

CASE NUMBER	
03-1344	
ADDITIONAL REPORTS	
LASO# 003-25473-1351-055	
PAGE	DATE
1 OF 1	10-03-03

D - DAMAGED E - EVIDENCE F - FOUND L - LOST R - RECOVERED S - STOLEN SK - SAFEKEEPING X - DESTRUCTION

***Mandatory information for CLETS entry:**

- **BIKES** – Serial #, Make, Speed, Color

- GUNS-Serial #, Make, Caliber, *Type, *Category

The most common mistake in determining the category of a gun is to indicate *Automatic* when the gun is actually a *Semi-Automatic*.

REPORTING OFFICER / ID #
T. Raso #137

DATE
10-03-03

REVIEWED BY / ID #

47149113

DATE _____

DATE 10/4/03

CIN01001

INCIDENT INQUIRY SAT, OCT 4, 2003, 10:42 AM
FOR: CMDOVR Page: 1

Recv: 100303 0732 Address: BRITTAIN /NORWALK-HAWAIIAN GDN
 Type: P/AOA ASST OTHER AGNC Reference: City: LA
 Beat: 9 Pol Dst: 00 Fir Dst: Map Guide: Census:

How Recv: OS Reporting Party's
 Priority: 3 Address:
 Dispo: N40 Phone:

	hh mm	hhhh mm ss	hhhh mm ss
Time Stamps: Received:	07:32		
Dispatch:	07:32	:00:00	RC/AS: :00:00
Enroute:	07:32	:00:00	DI/AS: :00:00
At Scene:	07:32	:00:00	DI/CC: 1:07:44
Close:	08:39	1:07:44	

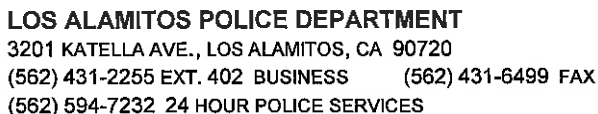
Comments:

1022/ CASE NUMBER = CR-03-00001344 (LA)
 0732/ INCIDENT NUMBER: 3LA0015152
 0732/OUT W/LASO ON 417
 0732/REQ FOLLOW
 0732/998
 0733/998 FROM LASO, CODE 4
 0733/SUSP DOWN
 0735/10-39 TO CAPT MATTERN WHO IS OUT OF TOWN REQ WE NOTIFY
 0735/SGT TRAVIS
 0737/MSG LEFT FOR SGT TRAVIS ON CELL AND DESK VM
 0737/10-39 TO SGT TRAVIS CELL PHONE
 0737/SGT TRAVIS PAGED
 0739/10-39 TO SGT TRAVIS'S HOME ANS MACH
 0739/10-39 SGT TRAVIS.. ENR 10-19
 0740/PER 210 NO LOS AL OFCS INV IN 998
 0839/CLOSED DISPO : NEITHER/STREET/ALLEY
 0839/ASST'D

History:

Unit/Emp1	Date	Time	Cmd Type	Location/Comments	User
	10/03	07:32:04	FC AOA	BRITTAIN/NORWALK	TTHOMA
213/TRASO	10/03	07:32:04	OS AOA	BRITTAIN/NORWALK	TTHOMA
211/JGIBSON	10/03	07:32:08	DC AOA	BRITTAIN/NORWALK	TTHOMA
210/KSAYLES	10/03	07:32:36	DC AOA	BRITTAIN/NORWALK	TTHOMA
211/JGIBSON	10/03	07:35:08	AC AOA	BRITTAIN/NORWALK	TTHOMA
210/KSAYLES	10/03	07:35:53	AC AOA	BRITTAIN/NORWALK	TTHOMA
	10/03	07:36:32	MR AOA	AD:BRITTAIN/NORWALK	TTHOMA
	10/03	07:36:32	MR AOA	BT:	TTHOMA
	10/03	07:36:32	MR AOA	PD:	TTHOMA
	10/03	07:36:32	MR AOA	TY:ASST OTHER AGENCY	TTHOMA
211/JGIBSON	10/03	07:59:02	CC AOA	BRITTAIN /NORWALK-HAWAIIAN GDN	TTHOMA
2S1/JTRAVIS	10/03	08:09:10	AS AOA	BRITTAIN /NORWALK-HAWAIIAN GDN	TTHOMA
210/KSAYLES	10/03	08:37:59	CC AOA	BRITTAIN /NORWALK-HAWAIIAN GDN	TTHOMA
213/TRASO	10/03	08:39:48	CC AOA	BRITTAIN /NORWALK-HAWAIIAN GDN	TTHOMA
2S1/JTRAVIS	10/03	08:39:48	CC AOA	BRITTAIN /NORWALK-HAWAIIAN GDN	TTHOMA
	10/03	10:22:05	GC	CR0300001344LA	MLONG

-EOR-



03-134

ITEM NUMBER(S)	<input type="checkbox"/> BIN # <input type="checkbox"/> REFRIGERATOR # <input type="checkbox"/> PROP 2	DATE	TIME	BY (INITIALS)
ITEM NUMBER(S)	<input type="checkbox"/> BIN # <input type="checkbox"/> REFRIGERATOR # <input type="checkbox"/> PROP 2	DATE	TIME	BY (INITIALS)
ITEM NUMBER(S)	<input type="checkbox"/> BIN # <input type="checkbox"/> REFRIGERATOR # <input type="checkbox"/> PROP 2	DATE	TIME	BY (INITIALS)

[illegible]

ITEM #	102	<input type="checkbox"/> RETURNED TO OWNER	<input type="checkbox"/> RETURNED TO FINDER	<input type="checkbox"/> AUCTIONED	TRANSFERRED TO
BY (NAME/ID #)		<input type="checkbox"/> RETURNED TO OFFICER	<input type="checkbox"/> DESTROYED	<input checked="" type="checkbox"/> OTHER (EXPLAIN):	LASO CUSTODY
All property was inventoried and accounted for (initial)		I hereby acknowledge receipt of this property (initial)			
NAME OF PERSON TAKING POSSESSION OF PROPERTY		SIGNATURE OF PERSON TAKING POSSESSION OF PROPERTY			
LASO DET. KATE LILLIENFELD					
ITEM #		<input type="checkbox"/> RETURNED TO OWNER	<input type="checkbox"/> RETURNED TO FINDER	<input type="checkbox"/> AUCTIONED	
BY (NAME/ID #)		<input type="checkbox"/> RETURNED TO OFFICER	<input type="checkbox"/> DESTROYED	<input type="checkbox"/> OTHER (EXPLAIN):	DATE
All property was inventoried and accounted for (initial)		I hereby acknowledge receipt of this property (initial)			
NAME OF PERSON TAKING POSSESSION OF PROPERTY		SIGNATURE OF PERSON TAKING POSSESSION OF PROPERTY			
ITEM #		<input type="checkbox"/> RETURNED TO OWNER	<input type="checkbox"/> RETURNED TO FINDER	<input type="checkbox"/> AUCTIONED	
BY (NAME/ID #)		<input type="checkbox"/> RETURNED TO OFFICER	<input type="checkbox"/> DESTROYED	<input type="checkbox"/> OTHER (EXPLAIN):	DATE
All property was inventoried and accounted for (initial)		I hereby acknowledge receipt of this property (initial)			
NAME OF PERSON TAKING POSSESSION OF PROPERTY		SIGNATURE OF PERSON TAKING POSSESSION OF PROPERTY			



LOS ALAMITOS
POLICE DEPARTMENT



3201 Katella Avenue - Los Alamitos, California 90720 - (562) 431-2255

FAX (562) 431-6499

FAX HEADER SHEET

DATE & TIME: 10/4/03 1510
PAGES: 8 (Including this cover sheet)

TO: DET KATZ LILLIEN FELD
LASD HOMICIDE

FAX #: 323. 415-3758

FROM: K. SAYLES

MESSAGE: RE: H.G. 075

Refer: Los Alamitos PD Case # _____

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ALAMITOS POLICE DEPARTMENT
3201 KATELLA AVE., LOS ALAMITOS, CA 90720
(562) 431-2255 EXT. 402 BUSINESS (562) 431-6499 FAX
(562) 594-7232 24 HOUR POLICE SERVICES

DATA ENTRY RECORD

CASE NUMBER 03-1344
DATE ENTERED 11-5-3

☐ **SUPPLEMENTAL REPORT**

UCR CODES

REPORT (UCASE)	ARREST #1 (UBOOK)	ARREST #2 (UBOOK)	ARREST #3 (UBOOK)
421200			

UBOOK

	UBOOK (PG 1)	
	PEOPLE (3 PAGES PER ARREST)	
	AKA'S	

STORED VEHICLE

	DATA ENTRY (PG 1)	
	DRIVER, IF APPLICABLE	
	VEHICLE	

UCASE

X	DATA ENTRY (PG 1)	SP
	CHECKBOXES	
	NARRATIVE	
	PEOPLE (NOT SUSP/ARREST)	
	VEHICLE (NOT SUSP/ARREST)	
	PROPERTY	SP
	SUSPECT (2 PAGES)	
	CHECKBOXES	
	SUSPECT AKA'S	
	VEHICLE (SUSPECT/ARREST)	

T/C'S

	DATA ENTRY (PG 1) (ALWAYS 2 CODES - UCR & PCF)	
	CASE CHECKBOXES	
	PEOPLE - PAGE 1 ONLY (PG 2 - INJURY PAGE)	
	PEOPLE CHECKBOXES	
	VEHICLES	
	PROPERTY	